

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90007 001 \*\*\*\*\*8.75  
09-08-2006 90007 002 \*\*\*\*\*61.25

**DOCUMENT # N39300**

1. Entity Name  
**THE BROMELIAD GUILD OF TAMPA BAY, INC.**



Principal Place of Business  
**7224 56TH AVE.  
SAINT PETERSBURG, FL 33709 US**

Mailing Address  
**7224 56TH AVE.  
SAINT PETERSBURG, FL 33709 US**

**66023872**



2. Principal Place of Business  
**2114 Fairfield Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2114 Fairfield Ave.**  
Suite, Apt. #, etc.

08302006 Chg-NP CR2E037 (4/06)

City & State  
**Brandon, FL**  
Zip  
**33510** Country  
**USA**

City & State  
**Brandon, FL**  
Zip  
**33510** Country  
**USA**

4. FEI Number  
**59-3023751** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRINS, EILEEN  
7224 56TH AVE N  
SAINT PETERSBURG, FL 33709**

7. Name and Address of New Registered Agent

Name  
**Verna L. Dickey**  
Street Address (P.O. Box Number is Not Acceptable)  
**2114 Fairfield Ave.**  
City  
**Brandon** **FL** Zip Code  
**33510**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Verna L. Dickey** (**Verna L. Dickey, Treasurer**) **9-2-06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to:  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**JOHNSTON, DAVID** ☐ Delete  
**6399 90 A1N**  
**PINELLAS PARK, FL 337824710**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**MANDELL, MARY ANN** ☒ Delete  
**4414 W ANITA BLVD**  
**TAMPA, FL 33611**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**DICKEY, VERNA** ☐ Delete  
**2114 FAIRFIELD AVE**  
**BRANDON, FL 335108207**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**WOLFE, TOM** ☒ Delete  
**5211 LAKE LECLAIRE RD**  
**LUTZ, FL 335584833**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**CARR, WILLIAM** ☐ Delete  
**2210 WEDGEWOOD CT**  
**PLANT CITY, FL 335660922**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SISCO, HAROLD** ☒ Delete  
**15715 ALMONDWOOD DR**  
**TAMPA, FL 33613**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**Wolfe, Carol** ☒ Change ☐ Addition  
**5211 Lake LeClare Rd.**  
**Lutz, FL 33558**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**Wolfe, Tom** ☒ Change ☐ Addition  
**5211 Lake LeClare Rd.**  
**Lutz, FL 33558**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SISCO, HAROLD** ☒ Change ☐ Addition  
**15715 Almondwood Dr.**  
**Tampa, FL 33613**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Verna L. Dickey** **Verna L. Dickey** **9-2-06** **(813) 685-1055**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

September 5, 2006

66023872  
# V39300

Division of Corporations  
Annual Report/Uniform Business Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

We received your letter dated August 31, 2006, with the return of our forms and check. We are sorry that it was the incorrect form.

Enclosed is the form you sent – but it had several errors in the officers. I corrected the errors – showing it as a change. Also, the VP is deceased so we re-elected someone else to fill that position.

We have also enclosed an additional check for \$8.75 for a Certificate of Status.

Thank you for your help in this matter.



Verna L. Dickey

Treasurer

Bromeliad Guild of Tampa Bay, Inc.  
2114 Fairfield Avenue  
Tampa, FL 33510